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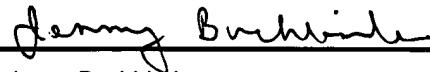
# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/643,679
	Filing Date	August 18, 2003
	First Named Inventor	PALIARD et al.
	Art Unit	1648
	Examiner Name	Bao Qun Li
Total Number of Pages in This Submission	22	Attorney Docket Number

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate) <input checked="" type="checkbox"/> Fee Attached (\$450 check)	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Maéno Article (5 pages) Return Receipt Postcard (1 page)
<input type="checkbox"/> Amendment/Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Jenny Buchbinder		
Date	September 21, 2005	Reg. No.	48,588

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Anne Currier Carr	Date	September 21, 2005



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		PP001612.0009 (2300-1612.10)
Application Number	10/643,679 Filed August 18, 2003	
For ACTIVATION OF HCV-SPECIFIC T CELLS		
Art Unit	1648	Examiner Bao Qun Li
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any <u>additional fees not included in the attached check</u> which may be required, or credit any overpayment, to Deposit Account Number <u>18-1648</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor.	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,588</u>	
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
<u>Jenny Buchbinder</u> Signature		September 21, 2005 Date
Jenny Buchbinder, Reg. No. 48,588 Typed or printed name		(650) 493-3400 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>One</u> forms are submitted in duplicate.		

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